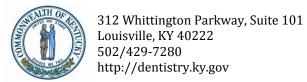
Approved by

Kentucky Board of Dentistry



FOR KBD USE ONLY

RETIREMENT OF LICENSE FORM

I hereby submit to the Kentucky Board of Dentistry official notice of my intent to retire my license. I understand that my license shall not be retired if there is pending disciplinary action against it. Furthermore, I understand that if I intend to reinstate my license in Kentucky, I must meet the requirements as set forth in statute and regulation.

I understand that the Board shall send written confirmation of the retirement of my license to the address listed at the bottom of this form.

Signature			
Printed Name		Date	
	□ Dantist	□ Dantal busingist	
	□ Dentist	□ Dental hygienist	
License Number			
Street & Number			
City		State	ZIP